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FEC FORM 1	STATEMENT OF ORGANIZATION					'
1. NAME OF		(Chaol	e if name	Evernole: If twoing two		Office Use Only
COMMITTEE (ir	full)	is char	c if name nged)	Example:If typing, type over the lines.	12FE4M5	
Toll Free T	exas					
ADDRESS (number and street)		16125 Cypress Rosehill Rd				
			1 1 1 1 1			
		Cypress			TX 77	7429
		CITY 🛦			STATE ▲	ZIP CODE ▲
COMMITTEE'S E-MA	AIL ADDRES	SS				
(Check if address is changed)		info@texast	colllawsuit.co	om		
		Optional Secon	nd E-Mail Add	Iress		
COMMITTEE'S WEB (Check if a is changed)	address	www.texastollla	wsuit.com			
2. DATE 0		2017				
3. FEC IDENTIFICATION NUMBER ▶ C C00653113						
4. IS THIS STATEM	MENT X	NEW (N)	OR	AMENDED (A)		
I certify that I have e	examined thi	s Statement and	d to the best	of my knowledge and belief i	t is true, correct an	d complete.
Type or Print Name	of Treasurer	Lewis, Emanue	el, , ,			
Signature of Treasure	er <i>Lewis</i> ,	Emanuel, , ,		[Electronically Filed]	Date 08	15 2017
NOTE: Submission of				may subject the person signing ON SHOULD BE REPORTED V		e penalties of 2 U.S.C. §437g.
Office Use Only				For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)